

OFFICIAL

Atty Docket No. 15270J-005910US
Client Ref. No. 209-US-NH W6

FEB 22 2002

PTO FAX NO.: 1-703-872-9306

GROUP 1600

ATTENTION: Examiner Fozia Hamud
TELEPHONE NO.: 1-703-308-8891

Group Art Unit 1647

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Fozia Hamud

CERTIFICATION OF FACSIMILE TRANSMISSION


I hereby certify that the following documents are being facsimile transmitted to the Patent and Trademark Office (Fax No.: 1-703-872-9306) for the Application of Dale B. Schenk, Application No. 09/585,817, filed June 1, 2000 for PHARMACEUTICAL COMPOSITIONS AND METHODS FOR TREATMENT OF AMYLOID DISEASES on the date shown below.

Documents Attached

1. Fee Transmittal (PTO/SB/17) (1 page, submitted in duplicate);
2. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page);
3. Response to Restriction/Election of Species Requirement (4 pages); and,
4. Preliminary Amendment (3 pages).

Number of pages being transmitted, including this page: 11

Dated: February 21, 2002


Rosemarie L. Celli, Reg. No. 42,397

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FA 3203129 v1

PTO/SB/17 (09-00)

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete If Known

Application Number	09/585,817
Filing Date	June 1, 2000
First Named Inventor	Schenk, Dale B.
Examiner Name	Fozia Hamud
Group Art Unit	1647
Attorney Docket No.	15270J-005810US

TOTAL AMOUNT OF PAYMENT (\$) 1440

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																							
1. <input checked="" type="checkbox"/> Deposit Account Number The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																																																																																																																																																																																																							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Rosemarie L. Celli	Registration No. (Attorney/Agent)	42,397
Signature	<i>Rosemarie L. Celli</i>	Telephone	650-326-2400
		Date	February 21, 2002

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